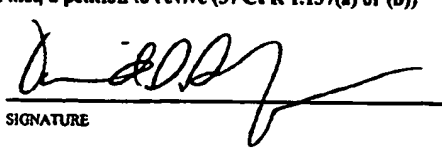


U.S. APPLICATION NO. (if known, see 37 C.F.R. 1.10)		INTERNATIONAL APPLICATION NO.		ATTORNEYS DOCKET NUMBER	
10/541792		PCT/DK2004/000009		742113-35	
21. The following fees are submitted:				CALCULATIONS	PTO USE ONLY
<input checked="" type="checkbox"/> a) Basic national fee.....				\$300.00	
<input checked="" type="checkbox"/> b) Examination fee.....				\$200.00	
<input checked="" type="checkbox"/> c) Search fee.....				\$500.00	
TOTAL OF ABOVE CALCULATIONS =				\$1000.00	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
20- 100 =	/50 =		x \$250.00	\$0	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$0	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	15- 20 =	0	x \$50.00	\$0	
Independent claims	1- 3 =	0	x \$200.00	\$0	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)				+ \$360.00	\$0
TOTAL OF ABOVE CALCULATIONS =				\$1000.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$0	
SUBTOTAL =				\$1000.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$0	
TOTAL NATIONAL FEE				\$0	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +				\$0	
TOTAL FEES ENCLOSED =				\$1000.00	
				Amount to be refunded:	\$
				Amount to be charged:	\$
<p>a. <input type="checkbox"/> A check in the amount of \$_____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>19-2380(742113-35)</u> in the amount of <u>\$1000.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-2380</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
<p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p> <p>SEND ALL CORRESPONDENCE TO:</p>					
<p>NIXON PEABODY LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128</p>				<p style="text-align: center;"> SIGNATURE</p>	
				<p><u>David S. Safran</u> NAME</p>	
				<p><u>27.997</u> REGISTRATION NUMBER</p>	